

IDEAL MOVERS & STORAGE, INC.

10 Mill Valley Road

P.O. Box 597

Hadley, MA 01035

(413) 584-4746

www.ideal movers.com

Monthly Credit Card Charge Authorization Form

Have your payment automatically charged to your credit card. Just complete and sign this form.

Please complete the information below:

I, _____ authorize Ideal Movers & Storage, Inc. to charge
(Full Name)
my credit card indicated below on the _____ of each month in the amount of _____.

I would like for this to take effect on my account starting _____. I acknowledge that Ideal Movers & Storage will only contact me with advance notice of the charge if it exceeds the normal monthly rate.

Billing Address _____ Storage Unit # _____

Phone # _____

Email _____

Credit Card Type: Visa MasterCard Discover

Cardholder Name _____

Account Number _____

Expiration Date _____ CVV# _____

SIGNATURE _____ **DATE** _____

I authorize Ideal Movers & Storage, Inc. to charge the credit card indicated above according to the terms outlined above. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the business in writing of any changes in my account information, including but not limited to expiration date or change of address at least 15 days prior to the next billing date. I certify that I am an authorized user of this credit card and that I will not dispute the scheduled payments with my credit card company provided the transactions correspond to the terms indicated in this authorization form.